U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil peralties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
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CMS I		
1. File Number U - 6134	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 2004	
	And the second s	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Steven Breitlow	Name Plumbers Local 75	
	Labor Organization File Number 009-300	
	Well-description and all the second s	
P.O. Box, Bldg., Room No., if any 11175 W Parkland Avenu	e P.O. Box, Building and Room Number, if any 1175 W Parkland Ave	
Street	Street	
City Milwaukee	City Milwaukeec	
State WI ZIP Code + 4 53224	State WI ZIP Code + 4 53224	
5. Position in labor organization.		
5. Position in labor organization. Bualness Representative		
Example 1 Part of the Control of the		
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Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion of the except as specified in the exclusion of the exclusion of the except as specified in the exclusion of the exc	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)	
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Name of Person Filing Steven Breitlow	File Number U -	198. 8	
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Freyberg & HInkle Tax Accountants	X a. Labor Organization		
P.O. Box 18412 Coom No., if any	b. Trust		
Street 15420 W. Capitol Drive	c. Employer		
city Brookfield			
State WI ZIP Code + 4 53005			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any.			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	- Franklik	
City Ci	12.a. Nature of interest held or income received.	i de la company de la comp	
State ZIP Code + 4	Participated in their golf outling.	annual	
	12.b. Amount.	\$100.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant			
(including trade name, if any).	14.a. Nature of payment.		
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(including trade name, if any).	14.a. Nature of payment.		
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(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.		